POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*M*		
FORMALITY REVIEW			5/10/01
RESPONSE FORMALITY REVIEW	MD	*JrSir*	10/08/01

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date						
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3		✓	✓					
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If more than 150 claims or 10 actions
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